

# CHOICE CHIROPRACTIC & WELLNESS CENTER

Jonathan Schnelle D.C.  
3405 Penrose Place, Suite 205, Boulder, CO 80301  
Tel. (303) 442-2126 • Fax (303) 444-0665

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## Consent for Chiropractic Treatment

**Patient Name:** \_\_\_\_\_

**Please read this entire document prior to signing it. It is important that you understand the information contained in this document. Please ask questions before you sign if there is anything that is unclear.**

### The nature of a chiropractic adjustment

The primary treatment I use as a Doctor of Chiropractic is an adjustment, which is a form of manipulative therapy. I may use my hands or a mechanical instrument upon your body in such a way as to move your joints. This may cause an audible “pop” or “click,” and you may feel a sense of movement.

### Analysis/Examination/Treatment

As part of the analysis, examination, and treatment, you are consenting to the following procedures (as needed):

- Palpation
- Vital Signs
- Examination (physical, orthopedic, and neurological)
- Range of Motion Testing
- Muscle Strength Testing
- Postural Analysis
- Radiographic studies
- Manipulative therapy/adjustment
- Application of physical therapy modalities, including hot/cold therapy, EMS, ultrasound, traction, soft tissue work

### The inherent material risks of chiropractic treatment

As with any healthcare procedure, there are certain complications which may arise during chiropractic adjustments and therapy. These complications may include, but are not limited to:

- Treatment may not help
- Increase in symptoms
- Fractures
- Fatigue
- Spinal disc injuries
- Dislocations
- Muscle strain
- Headache
- Aggravation of previous condition(s)
- Cervical myelopathy
- Costovertebral strains and separations
- Burns
- Some types of neck manipulation have been associated with arterial injuries leading to or contributing to serious complications, including stroke

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Some patients will feel stiffness and soreness following the first few days of treatment. I will make every reasonable effort during the examination to screen for contraindications to care; however, if you have a known pre-existing condition, it is your responsibility to inform me.

## The probability of material risks occurring

Fractures are rare occurrences and generally result from some underlying weakness of the bone. Stroke has been the subject of tremendous disagreement. The incidences of stroke are so exceedingly rare that there is no conclusive data to quantify probability accurately, though some estimate the risk of stroke to occur between 1 in 1,000,000 and 1 in 5,000,000 cervical adjustments. The other complications are generally described to occur occasionally to "rare."

## The availability of other treatment options

Other treatment options for your condition(s) may include, but are not limited to:

- Self-administered, over-the-counter analgesics and rest
- Medical care and prescription drugs such as anti-inflammatory, muscle relaxants and pain-killers
- Hospitalization
- Surgery

## The material risks inherent in such options and the probability of such risks occurring include

- Overuse of over-the-counter medications produces undesirable side effects. If complete rest is impractical, premature return to work and household chores may aggravate the condition and extend recovery time. The probability of such complications arising is dependent upon the patient's general health, severity of the patient's discomfort, his pain tolerance and self-discipline in not abusing the medicine. Professional literature describes highly undesirable effects from long term use of over-the-counter medicines.
- Prescription muscle relaxants and painkillers can produce undesirable side effects and patient dependence. The risk of such complications arising is dependent upon the patient's general health, severity of the patient's discomfort, his pain tolerance, self-discipline in not abusing the medicine and proper professional supervision. Such medications generally entail very significant risks – some with rather high probabilities.
- Hospitalization in conjunction with other care bears the additional risk of exposure to communicable disease, iatrogenic (doctor induced) mishap and expense. The probability of iatrogenic mishap is remote, expense is certain, exposure to communicable disease is likely with adverse result from such exposure dependent upon unknown variables.
- The risks inherent in surgery include adverse reaction to anesthesia, iatrogenic (doctor induced) mishap, all those of hospitalization and an extended convalescent period. The probability of those risks occurring varies according to many factors.

## The risks and dangers of remaining untreated

Remaining untreated may allow the formation of adhesions and reduce mobility which may set up a pain reaction further reducing mobility. Over time this process may complicate treatment making it more difficult and less effective the longer it is postponed. The probability that non-treatment will complicate a later rehabilitation is very high.

**DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE.**

**PLEASE CHECK THE APPROPRIATE BLOCK AND SIGN BELOW.**

I have read [ ] or have had read to me [ ] the above explanation of the chiropractic adjustment and related treatment. I have discussed it with Dr. Jonathan Schnelle and have had my questions answered to my satisfaction. By signing below I state that I have weighed the risks involved and have decided that it is in my best interest to undergo the treatment recommended. I hereby authorize Dr. Jonathan Schnelle, together with associates and assistants of his choice, to provide chiropractic treatment and any additional procedures or services that may be deemed necessary or reasonable.

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I consent to all of the above for the entire course of treatment for my present condition(s) and for any future condition(s) for which I seek treatment with Choice Chiropractic & Wellness Center. This consent to chiropractic treatment is, and shall remain, valid until revoked in writing by me, or any other person legally authorized to do so on my behalf.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Parent or Guardian (If a minor)

## WITNESSES

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature